I director, page 3 hours after death

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injury, or other troumatic event, the

executed within 24 hours ofter

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OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

STATE OF MARYLAND

DEPARTMEN	T OF	HEA	LTH	AND	MENTAL	HYGIEN
C	ERT	FIC	ATE	OF	DEATH	

ν.	FOR			DEPA	RTMENT OF H	IEALTH AND	MENTAL HYC	SIENE						
-	REGISTRAR				CERTIF	ICATE OF	DEATH	8	REG. N	0.	3	9	7	3
	CEASED NAME	FIRST	,	MIDDLE		LAST		20 DATE	OF DEATH	MONTH	DAY	YEAR	2b HOL	JR
,	OK PRINT)	Helen		Izetta	F	Black				5-	29-	84	7:	55 M
3. SE	¥	4. F	RACE	4	5. DATE C	OF BIRTH		6 AGE (II	YEARS LAST BIR	THDAY)		RIYEAR	IF UNDER	24 HRS
	rEMA	IE I	0/0	ick	MONT	+ any	1924	5	9	YRS.	MONTHS	DAYS	HOURS	MIN,
		R FOREIGN 7b	CITIZEN OF	WHAT COUNT	RY? 8		1	9 BALTIM	ORE CITY C		Y OF DE	ATH		
. '	COUNTRY) M		1), 0	A.	MARRIE	D NEVE	DIVORCED	Ken	+					MD
30. C	ITY OR TOWN OF D	EATH 11.		HOSPITAL, NUR	SING HOME			12a USUA	LOCCUPAT				F BUSIN	
	11 4 4			H FACILITY, GIVE ST		1 - 11-	1	{TYPE OF WO	ORK FOR MOST O	of WORKING	LIFE) IND	USTRY		
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	Mo	DUE L	2 A	Chur			CITY LIMITS?	13e.STREET	ADDRESS	ZIP COL	DE	6	at	5
IN. F	ATHER'S NAME					15. MOTHE	R'S MAIDEN NA	ME		,				
10	MARI	es MIDI	G. C.	1256UR	41200	1 2	ENA		WIDDLE	(3	Ku	Ad	ACU!	4
	WAS DECEASED EVE YES, NO OR UNKNOWN)	R IN U.S. ARMEI	D FORCES? AR OR DATES)		f- 3912	17 INFORM	EPNIS	5.6	ADDRE	So R	iRc	HY	1311.5	bin
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	underlying cau		(c)_	R AS A CONSE	QUENCE OF									
	PART 2 OTHER SIG	GNIFICANT CON	DITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELAT	ED TO THE TERM	AINAL DISEA	ASE OR CON	DITION G	IVEN IN F	PART 160	0	
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- E			71145.0	E INTUIDY		121- 1/01/	IN LINE OF COUR	YES [ио 🗌		res 🗌		NO [
	OR CONTRIBUTING		21b. TIME O HOUR A.	M. MONTH	DAY YEAR	ZICHOW	INJURY OCCUR	RED (ENTER	NATURE OF INJU	RY IN ITEM 18	PARTIOR	PART 2)		
I K	OR CONTRIBUTING	4	Р.	Μ.	19									
EDICAL	21d. INJURY OCCU	RRED	21e PLACE			211 LOCA			CITY OR TO			UNTY		STATE
¥	WHILE NOT I	WHILE	(AT HOME STE	REET, FACTORY, OFFI	CE, FARM ETC)	STR	EET		CHYORIC	W14		Distri		STATE
	220.1 certify that	(this hospital)	ottended th				19	, to			. 19		that (I) (we) lost
	sow the deced obove (1) (we)	did (did not) vi	iew the body	ofter death.	g Ly_, 0	nd that in m	(our) opinion	death occur	red on the d	ate and ha	our and fr	rom the	causes st	oted
1	226. SIGNATURE	1/11				DEGREE					22	c. DATE	SIGNED	
		(all	un			40_	ATTENDING PHYSICIAN	MEDICA				5/3	30/84	
1	224. PHYSICIAN'S	VAME (TYPE OR PR	INT)			22e. ADDR	ESS				A	1	/ !,	

should be detached for use as the buriol-transit permit. Then please remove corbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal TO FUNERAL DIRECTOR: After this certificate has been IMPORTANT: If them 21 is marked or them 18 sha CREMATION, REMOVAL

Cheslerluwn

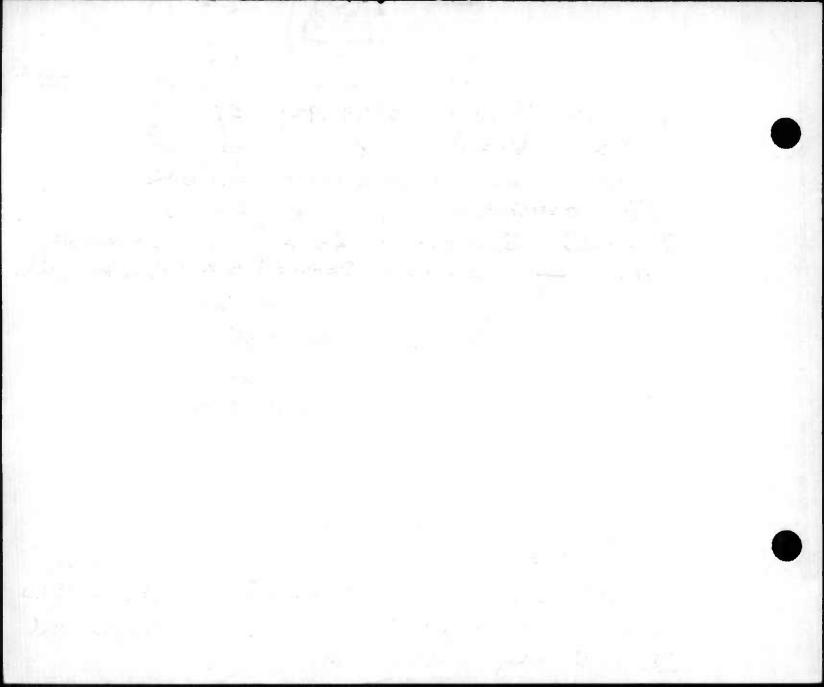
236. DATE

BATEMAN CEM.

DHMH - 16 50M 4/83

250 DATE REC'D

(VRA 15, 4)



The second		STATE OF MAR
	FOR	DEPARTMENT OF HEALTH AI

1	FOR - STATE	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE	g sang e.	6-0
	REGISTRAR				G FREG. NO.	3 9	1 4
	CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONT		26 HOUR
,		BA BLISSINA (COOPER		May 1, 1984	+	2:45 m
3 SE	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)		
1	female	white	July	24, ° 189 2 2 8	91	YRS. MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNITY OF DEATH	74 (-1)
	alto. Md.	USA	WIDOWE		Kent Count	v. Md.	MD
-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI			12a USUAL OCCUPATION	126. KIND (OF BUSINESS OR
che	estertown	Macro of in Such Facility, GIVEST		ada a II	Housewife	king lifej INDUSTRY Homema	
1	AL RESIDENCE (IF NURSING HOME O	Magnolia Ha		sing Home	nousewile	пошеща	TKTUR.
13a.	STATE 136 COU	INTY 13c. CITY OR T		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	7B Cheste	rtown, Md
100	ATHER'S NAME			15. MOTHER'S MAIDEN NA		•	
V	FIRST	A. Flac	ale.	FIRST Mars	y Elizabeth	Bond 1	AST
-	Edward			17. INFORMANT	ADDRESS	Dona	21087
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	ECURIT NO.			0014 ***	
		213-0	3 - 5847I	David II. Co	oper P. O.Rox	22'4 King	sville, M
	PART I. DEATH WAS CAUS	1 110/12	and fine	Herest to	Enlure	APPRO: SETWEEN	NONSET AND DEATH
	Conditions, if ony, which gave rise to immediate couse to), stating the underlying cause last.	DUE TO, OR AS A CONSE	uscko	who Cons	Liovayallask) iface of	ear
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 1	10
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE YES	
AL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN TI	EM IB PART I OR PART 2)	
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this has	pital) attended the deceased from	9 84 on	d that in (my) (and opinion	death occurred on the date or		, that (I) (we) l ast e causes stated
H	276. SIGNATE CULLY	P. Culau		DEGREE ATTENDING PHYSICIAN X	MEDICAL STAFF ****ZDIRECTOR □ PHYSICIAN	5/2/	84
	220. PHYSICIAN'S NAME (TYPE	PINI Adams	UD	22e. ADDRESS Cheste	ertown Md	21620	

should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon popel or other troumotic IMPORTANT: If Item 21 is marked at Item 18 shows retained by the hospital BP. (VRA 15, 4)

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR -2 = SAHN FUNERAL Hom

236. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIF Burial

5-4-84 1HOI Belme Rd BALTO. Mb. 2113 7.4.01

23c. NAME OF CEMETERY OR CREMATORY

Gardens Of Faith

23d LOCATION
CHYORTOWN
Baltimore, Md.

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SANATURE

AND THE STATE OF T . a. Torresolo H.Z. att. 2 E. TOTAL STREET STREET The rest of the course of the the thing of the policy of the same of the The state of the s .M. CHOLLIN the subjection to a

DHMH - 17

(VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

6 AGE (IN YEARS | IF UNDER 1 YR.

LAST BIRTHOAY)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

57	VIII.	REG.	NO.	1		7	
-	20. DATE			HTHOM	DAY	YEAR	2b. HO
	OF DE ATH	MATED	G _k	5-	15	19 84	10:
RS.			A	HTMON	DAY	YEAR	2d HO
	PRONOU! DE A	May	1	6,	19	84	2:3
_ ;	9 BALTIN	ORE CITY	OR	COUN	TY OF	DEATH	

white male TA BIRTHPLACE (STATE OR FOREIGN COUNTRY USA New Lynn, Pa.

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

CLYDE

4 RACE

CITY OR TOWN OF DEATH

Rock Hall

Yes

CERTIFICATION

- STATE

REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

> MARRIED NEVER MARRIED WIDOWED XX DIVORCED

Kent

11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION athor home novate Tremokes

COX

N.

DATE OF BIRTH

120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ervice Station Attendant 21661

STATE	Kent	Rock Hall	13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Lane	-1001
FATHER'S NAM	Randolph Cox	LAST	15. MOTHER'S MAIDEN NAME FIRST Ella Hilton	LAST
	ED EVER IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
YES, NO, OR UNKN	OWN) (IF YES, GIVE WAR OR DATES)	171 10 6634	Deceased whole living	

CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH / IMMEDIATE CAUSE (a) Gun shot wound in right side of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In

19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 710 FXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH UNDERLYING CONTRIBUTING CAUSE OF DEATH 10:00 M. 21d INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE

Home

self inflacted III LOCATION

Rock Hall. Kent, Maryland

220. I certify that I took charge of the remains described above, held on Suicide X death resulted f

Inspection 3 Inquiry and in my apinion Homicide Undetermined monner

5/16/84 TITLE (SPECIFY) Deputy MEDICAL EXAMINER

Robert W. Farr EXAMINER'S NAME Kent County

ADDRESS

Rt.2.

Chestertown, Md. 21620

230 BURIAL, CREMATION, REMOVAL 23b. DATE 5/18/84

TYPE OR PRINT

23c. NAME OF CEMETERY OR CREMATORY Chester Cemetery

23d. LOCATION Chestertown, Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

YES 🔲

NO.

Chestertown, Md.

CONTRACTOR OF THE LIFE AND ADDRESS OF THE LIFE Alberta Steel , Line Mee , 1.co William Sant and ARE SE YAM.

STATE OF MARYLAND FOR

DED A DEMENT OF HEALTH AND MENTAL HYCIENE

61		3	3	1	Į
	REG. NO.				

	1 -	STATE REGISTRAR			DEPARTA		ICATE OF DE	ATH	8 4	REG. NO.	3	9 /	Ó
-1		CEASED NAME OR PRINT)	FIRST		MIDDLE	ı	AST		2a. DATE OF D	EATH MON	VIH DAY	YEAR	2b HOUR
1	(ITPE	OR PRINT)	Char	les	Francis	Cı	rossley	Sr.		5	-19-8	4	8:52 h
	1.5EX	MALE		4 RACE CAT	JC.	JOH C	F BIRTH	922	6 AGE ITN YEAR	RS LAST BIRTHDA		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATE OF		ID USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MA	RRIED -	9 BALTIMORE Ken	_		FDEATH	MD.
1	111111111111111111111111111111111111111	ty or town of d hestertow			HOSPITAL, NURSIN LEACHTY, QUESTREET				120 USUAL OC		RIVE	INDOSMA	CRETER NUFACT.
5	USUA 130 S	ARYLAND	13b OUI	OTHER INSTITUTION,	SUDPERS	ADMISSION)	LAF2 L	10 []	HISTREET AP	8055°/1	2 AODE	21	1668
		THER'S NAME SAMUEL	(A IDDLE	CRÖSSI	LEY	ALIC			MIDDIN .		'0	OX
2		YAS DECEASED EVI		MED FORCES?	215-26-		17 INFORMAN ETHEL		SLEY	wife	sar	ne	
	7	Conditions, if or gove rise to it couse (o), state underlying case.	ny, which mmediote ting the use lost.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE A S CONSEQUE ONTRIBUTING TO E	ENCE OF	E L	in he	Chole Chole INAL DISEASE C	and	ON GIVEN	IN PART TIC	4
2	CERTIFICATION	19a DATE OF OPER	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	A ED	20a AUTOPS			VERE FINDING CAUSES	
7	MEDICAL CER	21a. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER, NOTIFY MI 21d. INJURY OCCU	CAUSE OF DE	ALIA .	m. MONTH DA M.	AY YEAR	21c HOW INJU		RED (ENTERNATUR	RE OF INJURY IN	ITEM 18 PART	T OR PART 2)	
	MEC	HILE NOT	WHILE	(AT HOME STR	REET, FACTORY, OFFICE F		STREET			CITY OR TOWN		COUNTY	STATE
		sow the dece	ased olive or		e deceosed from		nd that in (my) (o	ur) opinion o	deoth occurred o	on the dote	ond hour o		that (I) (we) lost causes stated
,		274 PHYSICIAN'S	L	11	Bes	Λ		ENDING YSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN	4 🗌	5	20/84
			HAEL	BEY MI	50		1	RN ME	DICAL	CENT	ER I	MILLI	NGTON MI
	23a. B	URIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATI	ON			

TO FUNERAL DIRECTOR. auld be detached for MPORTANT # III

DHMH - 16 50M 4/83 (VRA 15, 4)

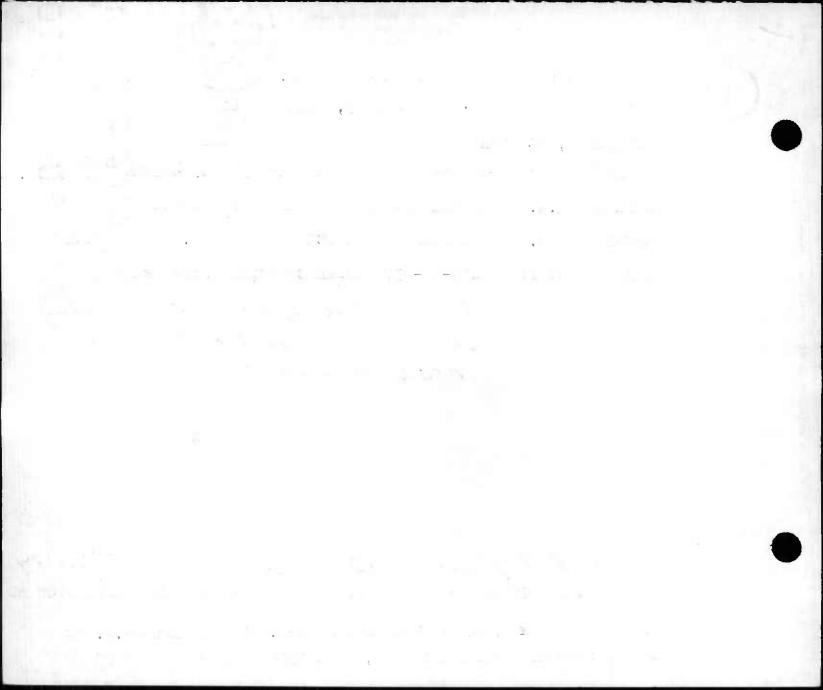
236. BURIAL, CREMATION, REMOVAL BURTAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

STATE

HOME MILETINGTON, MD 21 5 MAY 25 1984 Julia Junidon- Mandall FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 Month Day 29 HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) SARAH MARGARET DIXON OF EST1la, DEATH MATED 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR MAY 9, CAUC. 1900 1984 FEMALE 1am 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MARYLAND USA WIDOWED [DIVORCED 40. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR HOS puring many working the, even if retired.) INDUSTROME CHESTERTOWN WEN'Toddess) QUEEN ANNES 13a USUAL RESIDENCE (Where deceosed lived institution; Residence before 13c. CITY OR TOWN admission) ASSET LAND 11 COUNTY QUEEN ANNE SUDLES 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER SUDLERSVILLE NO X 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME William Georgiana Starkey Burris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 215-20-1545 (Yes, no, ocunknown) (If yes give war or dates of service) J. Rodney Dixon husband same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF writing the word stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO [21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. necessary, please execute the certif cremation. MEDICAL EXAMINER CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE DIRECTOR: Page WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection XI. Inquiry and in my apinian burial, Natural causes X. Accident . Suicide . Hamicide death resulted fram: Undetermined manner ACTUAL may be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, ar county)

NAME OF CEMETERY OR CREMATORY

CEMETERY

ASBURY

NATULINGTON, KENT, MD

VR A15ME (5) 1QM - 1/69

10 Hea

NAME (Type)

23o. BURIAL, CREMATION,

REMONAL ROTTIAT

23b. DATE 6/1/84

74. FUNERAL DIRECTOR FELLOWS F.H. BOX 270 MILLINGTON, MD

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Continue of the state of the st

A		1 -	FOR STATE REGISTRAR		DEPART	MENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	FIENE B 4 REG. N	3 9	7	8
	-		CEASED NAME OR PRINT)	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
				onza	Ellen	Durham		5		B4 DER TYEAR	1:09 W
	(A)	3. SE	Female	4. RACE	auc.	S. DATE OF I	8, 1900	6. AGE TIN YEARS LAST BIR	YRS		HOURS MIN.
	1 25 86		RTHPLACE (STATE OR FO		EN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED	9. BALTIMORE CITY O		EATH	AAT
	5 5 5	10. CI	TY OR TOWN OF DEA		ME OF HOSPITAL, NURSIN	G HOME OR		12a USUAL OCCUPAT	ON 12	b. KIND OF	BUSINESS OR
201	Fled th	1	Chesterton	vn I	ot in such facility, give street Kent and Que	en Anne	's Hospital	Homemake	rworking (IFE)	nom	е
(ND 21	filled in ould be	Ma	ryland	136 COUNTY, Kent	134, CITY OR TOWN	N ₃₇ 113	d. INSIDE CITY LIMITS?	E. Rt 3	ZIP CODE 3 Gale	na M	assey
MARYLAND 2120	mpletely f		THER'S NAME ame's	MIDDIE.	'^Gu	iser	Mary		addaway	LAST	
BALTIMORE,	n ond comp		VAS DECEASED EVER (N U.S. ARMED FO IF YES, GIVE WAR OR			Woodall Di	arham Mi]	lingto	n, M	D 2165
ESTON ST.,	W. PRESTON ST., the deoth certific ty the ottending ph se remove corbon pu cremotion, or remo		Conditions, if ony, gove rise to imm couse 0), stoting underlying cause	AS CAUSED BY: MMEDIATE CAUS DU which ediate the last DUI	E TO, OR AS A CONSEQUE TO OR	ACE OF	of function of the pulse of the	Jiegmoni	DITION GIVEN IN		AJE INTERVAL
	signing signin signing signing signing signing signing signing signing signing	N Q	TAKE E. OTTEK SIGN	III CAITI COITOIT	OTTO CONTINUO TO	DEATH BOTTO	THE TENT	IN THE DIGERGE ON CO.	DITION ON ELL #	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
L RECO	Not been been been been been been been bee	CERTIFICATION	19a. DATE OF OPERAT	ION 19b.	CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
DF VITA	physics of the state of the sta		210. ACCIDENT WAS UNDE	AUSE OF DEATH	TIME OF INJURY DUR A.M. MONTH D	AY YEAR	It. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 21	
DIVISION OF VITAL RECORDS.	PerSK hending the built and Men	MEDICAL	21d INJURY OCCURR WHILE NOT WHI	ED 21e	P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, H	2	II. LOCATION STREET	CITY OR TO	wn (OUNTY	STATE
NIQ .	TENDING Hall or al OR. Afte or use on if Health .		220.1 certify that (I) sow the decease	this hospital) atte	nded the deceosed from	, ond	hot in (my) (our) opinion	, to death accurred on the d	. 19 ate and hour and		not (I) (we) lost
	to OR AT the hosp to Dept. or Them?		22b. SIGNATURE	d) (discot) view the	he body ofter deoth.	M	GREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE 9	IGNED
	FUNERA FUNERA Ald be de The Stot	1	22d PHYSICIAN MA		M . D		nicorn Med			ling	ton A
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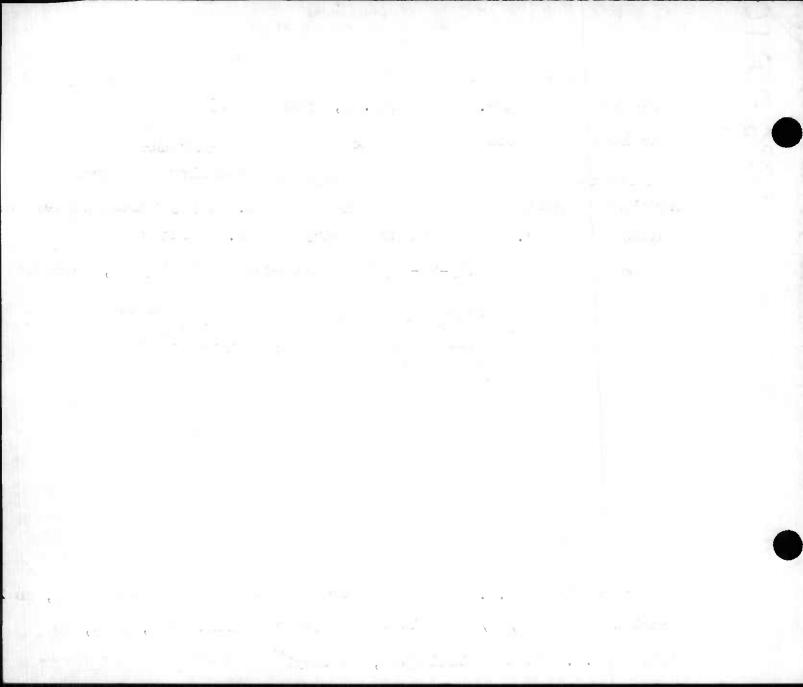
ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN MEDICAL STAFF 22e ADDRESS Bey M.D. Unicorn Medical Center Millington, 23a BURIAL, CREMATION, REMOVAL 23b. DATE 5/16/84 23c NAME OF CEMETERY OR CREMATORY ington, Burial Millington Abbury 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 51 MAY 25 1984 Julia Davidson-Ray 24 FUNERAL DIRECTOR F.H. Box 270 Millington Fellows

MD.

Massey Rd

MD 21651

DHMH - 16 50M 4/83 (VRA 15, 4)



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			11	_
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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and .	REG NO				

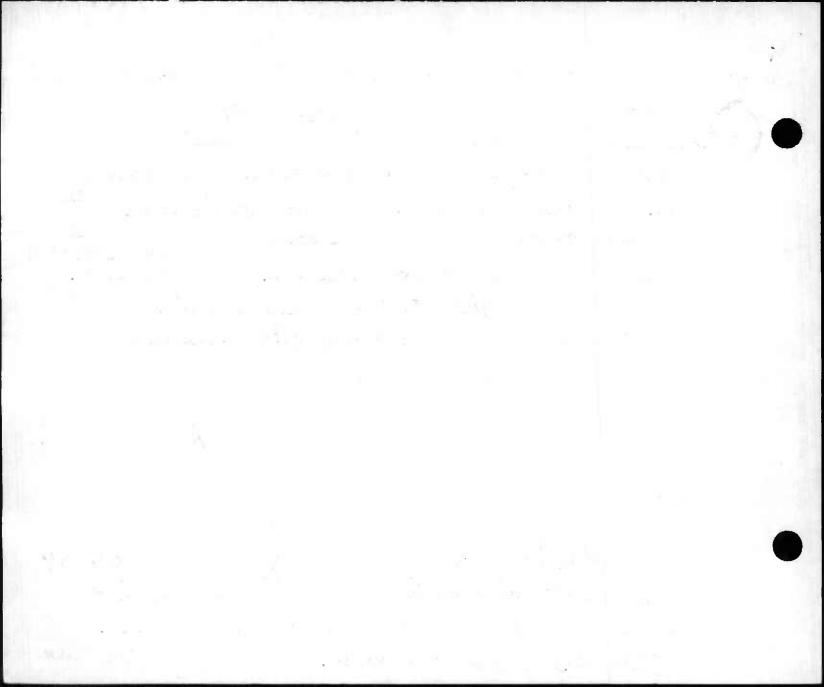
REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	0	
1. DECEASED NAME FIRST (TYPE OR PRINT) Raymo	ond Weldo	on Go	osman	an orthe of berting	0-31-84	9:25 ^P _M
	white	Sept Sept	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN 71) Maryland	CITIZEN OF WHAT COUN		D NEVER MARRIED	9 BALTIMORE CITY OR C	YRS COUNTY OF DEATH	MD.
	I. NAME OF HOSPITAL, N 1. (IF NOT IN SUCH FACILITY GIVE 1. NAME OF HOSPITAL, N 1. NAME OF HOSPITAL, N 1. NAME OF HOSPITAL, N 1. NAME OF HOSPITAL, N 1. ORDINATION OF HOSPITAL, N 1.			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK)		F BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OF 130. STATE 13b. COUNT Kent		NWOT	YES NOW		x 96I	21635
Durward Gosm	an LAS	ST.	15. MOTHER'S MAIDEN NAM Péarl R	odney MIDDLE		21635
160 WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL VAR OR DATES! 18 18	SECURITY NO. 8186	17 INFORMANT Lillian L	• Gosman	Galena, M	x 96 I d.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS	SEQUENCE OF	in ay at	NAL DISEASE OR CONDIT	ION GIVEN IN PART 110	3
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDING CAUSES YES	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY O	19	21c. HOW INJURY OCCURR 21f LOCATION STREET	ED (ENTER NATURE OF IN) RY II	NITEM IS PART I OR PART 2} COUNTY	STATE
220.1 certify that (1) (this hospital sow the deceased olive an_	ottended the decessed to view the body ofter death with the body of the the body o	. or	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAL	and hour and from the	
230 BURIAL, CREMATION, REMOVAL SPECIFICAL (SPECIFICAL)	6/3/84		r Cemetery	Chestert	own, Md.	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

tor Wellschestertown, Md.

JUN 8 1984 Julia Davidson-Andale



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STATE OF MARYLAND FOR

DEPARTM

ENT (OF F	IEAL	TH	AND	MENTA	LHYGIENE	
CER	TH	ICA	ATE	OF	DEATH	8	4

- STATE REGISTRAR	DEFARIN	CERTIFICATE OF DEATH	3 4 REG. NO. 3	98	U
1. DECEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
SUSAN :	LOVEJOY	HARRIS	May 18, 1984	196	2:15,
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
female	white	Oct 26 1898	85 yrs YRS.	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) GEORGIA	76, CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XX DIVORCED	9 BALTIMORE CITY OR COUNTY Kent Co.		WC
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12¢ USUAL OCCUPATION		F BUSINESS OR

nesterto	wn, at	Home 215 Wat	er St.	Housewife	110031111	
USUAL RESIDENCE (#138 STATE Md.	NURSING HOME OR OTHER 136 COUNTY Kent	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13t. CITY OR TOWN Chestertown	113d. INSIDE CITY LIMITS?	13eSTREET ADDRESS / ZIP CODE 215 Water St	21620	
4 FATHER'S NAME	T MIDDLE	• LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST	

1	Thomas E. Lovejoy	EAST	Frances	3.	Machin
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS 32	- wasiiti

TO OR UNKNOWN (IF YES, GIVE WAR OR DATES) .09 36 4690 NYC 10011 Geo. D. Harris, Jr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and ic PART I. DEATH WAS CAUSED BY

CEREBRAL INFARCTS Conditions, if any, which gove rise to immediate

couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 218. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on and that in (my) (see) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady a 22c. DATE SIGNED ATTENDING A MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS 224. PHYSICIAN'S NAME (TYPE OR PRINT)

Chestertown,

Harry Paul Ross 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Wilmington,

(SPECTemation 21/84 Silverbrook

Chestertown, Md

Del. REGISTRAR 251 REGISTRAR'S SIGNA ARE

STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

FUNERAL

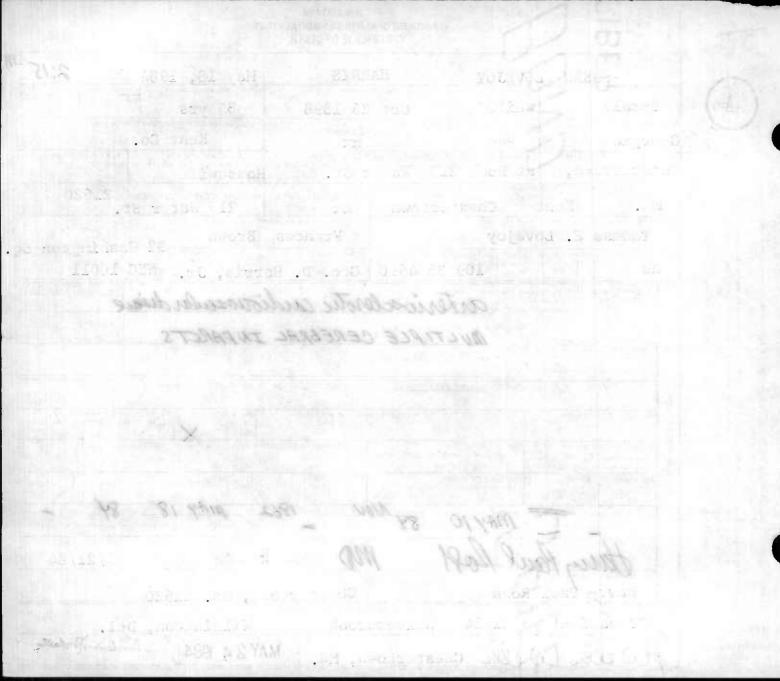
CERTIFICATION

MEDICAL

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MPORTANT



TO HOSPITAL OR ATTENDING PHYSICIAN. The fav requires that the death certificate be executed within 24 hours ofter death. Page 4

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral direct should be detached for use as the burial-transformed. Then please remove corbonappers. Pages 1 and 2 should be filled within 72 hours designed to use as the burial transformed prior to be burial, cremotion, or removal.

injury, or other troumotic event, the

MPORTANT: If them 21 is morked or them 18 shows any

STATE	OF	MARYLAND
JIMIL	VI.	MANILAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

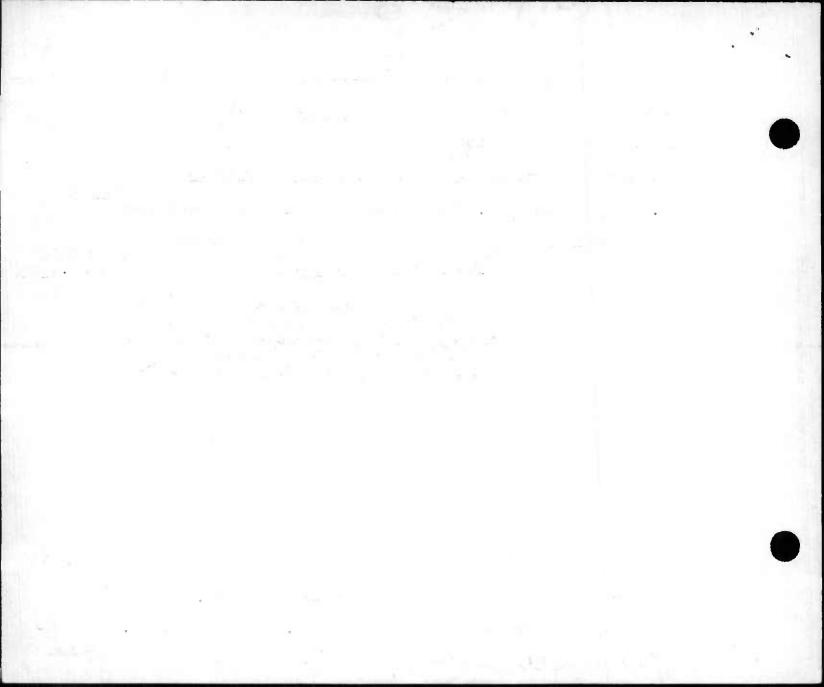
Serie.	1	3	4	8	
	REG. NO.				

1	FOR	DEPART	TMENT OF HEALTH AND MENTAL	HYGIENE	3 0 8 1	
' '	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 / 0 1	
	CEASED NAME FIRST	WIDDFE	KEENEN	20. DATE OF DEATH MONT	H DAY YEAR 26 HOU	R
	Newton		Keenan Sr.			aan
		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR		MONTHS DAYS HOURS	24 HRS.
1		ĮV.	March 25, 1914			
_ (COUNTRY		* MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
			WIDOWED DIVORCED	□ Kent		MD.
F	•	(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	(TYPE OF WORK FOR MOST OF WOR		SS OR
100				Painter	01600	
13a S	TATE IS COU	NTY 13c CITY OR TO	wn 13d. INSIDE CITY LIMIT Certownes _ NOX		Neck 21620	
14. FA		MIDDLE LAST			tast.	
					3 11 1 2 2 2 2 2	
			1 112 0 111			A
	no	130 10	4/33 Stella	Keenen oneset		
L CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO OF AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	21¢ HOW INJURY OC	20a AUTOPSY? 20b YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YESNO	H?
5	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION			
ž	WHILE NOT WHILE	(AT HOME, STREET FACTORY, OFFICE,	, FARM, ETC) STREET	CITY OR TOWN	COUNTY	TATE
		oital) attended the deceased from	19	to		we) lost
	sow the deceased alive or	n 19		nion death accurred an the date or	d hour and from the couses sta	oted
	22b. SIGNATURE	U PB	PHYSICIA 22e. ADDRESS	DIRECTOR PHYSICIAN	5 29	44
	I F DE C IEW			DRY 23d. LOCATION	of OllMIA 5	TATE
	Newton Albert Keenen Sr. 5/29/84 5:41 asm Male					
24 F	UNERAL DIRECTOR	(1) 102 ches	stertown, Md,	DATE REC'D. BY REGISTRAR AND THE PROPERTY OF T		7 7

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the hospital or attending physician



OR ATTENDING PHYSICIAN. The law requires that the death certificate the executed within 24 havin after

TO HOSPITAL OR ATTENDING PHYSICIAN The engined by the bospital or attending physician

TO FUNERAL DIRECTOR, After this certificate here signed by the attending physician and calebolic be detached for use as the busid-honsit parint. Then please remove corbon papers. Pages, with the State Dept. of Health and Mental Hygiene prior to busid, srematiats or removal.

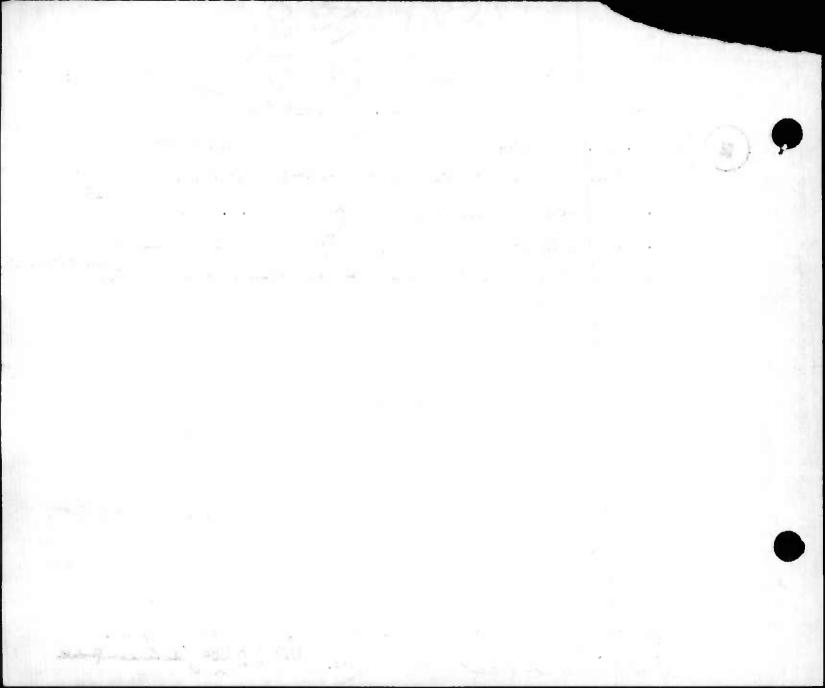
Ŀ	- STATE REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 9 8 2
	ECEASED NAME FIRST DE OR PRINT! Vict	or Norman	Kennedy	20 DATE OF DEATH MONTH	7 84 11:50
3. SE		4 RACE White	5. DATE OF BIRTH OCC. 15, 1916	6. AGE (IN YEARS LAST BIRTHDAY) 67	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED XNEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
il C	nestertown	11. NAME OF HOSPITAL, NURSING		120, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Funeral Dire	12b KIND OF BUSINESS OF INDUSTRY
13a S	STATE 136 COUT Id. Ken		YES NO	P.O. Box	21667
4 77		MIDDLE LAST	15 MOTHER'S MAIDEN N		LAST
-	N. Joseph Ko		TIOLEN 17 INFORMANT	ce Bergey Hall	man
	(YES, NO OR UNKNOWN) (IF YES, GIV	2 183 03 8		ellows Kennedy	Still Pond, 21667
NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D		rminal disease or condition gi	VEN IN PART 110
TIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH (IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
MEDICAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) HOUR A.M. MONTH DA	Y YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a. I certify that this hasp	n 19 8	ond that is my (aur) opinio	n death occurred an the date and ho	19, that (I) (we) last ond from the causes stated
	22b. SIGNATURE	U Collie.		MEDICAL STAFF	221. DATE SIGNED 5/17/84
	Virginia	DE CHOUL			
,	22d. PHYSICIAN'S NAME (TYPE OF	OR PRINT)	no PO Box	599 (142)	EROWN MO

Chestertown, Md.

MAY 2 2 1984 REGISTRARYS) REGISTRARYS SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND

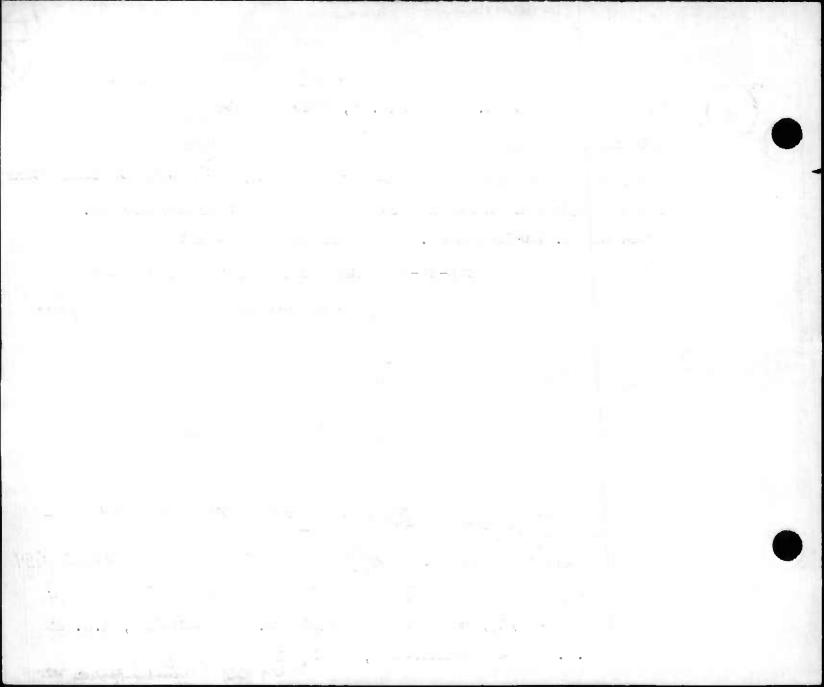
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FILM 6593 7/26/84 Kcm

FOR

- STATE

(VRA 15, 4)



FOR

STATE OF MARYLAND ADTMENT OF HEALTH AND MENTAL HYCIENI

1 - STATE REGISTRAR			FICATE OF DEATH	8 4 REG. No.	3 9	8 4
I. DECEASED NAME (TYPE OR PRINT) MARY	E.	MARLEY	LAST	May 24, 1		26. HOUR 5:30
femal	* white	MONT	OF BIRTH 1905	6. AGE (IN YEARS LAST BIRTHD		LYEAR IF UNDER 24 HRS DAYS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN Penna	USA	WIDOW	ED NEVER MARRIED D	BALTIMORE CITY OR C	COUNTY OF DEA	TH A
Rock Hall	RFD Pine		or other institution At Home)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Housewife	ORKING LIFE) INDU	IND OF BUSINESS O
USUAL RESIDENCE (# NURSING HOME 136. STATE 135 CO Penna Monte	ON OTHER INSTITUTION GIVE RES DUNTY SOmery Harbo		13d INSIDE CITY LIMITS? YESX NO	130 STREET ADDRESS / Z		19040
Theodore E. S	Shotwell	LAST	EII en	Kennedy		LAST
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	CINE WAR OR DATEST	20 5300	Regina A.	Hynes Rock		21661 Md.
18 CAUSE OF DEATH LENTER PART I. DEATH WAS CAU IMMED Conditions, if ony, which	JSED BY: PIATE CAUSE (0)	ngestin	heart	Failur	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	10			
	NT CONDITIONS <u>CONTRIB</u>	UTING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDIT	TION GIVEN IN PA	RT Ito
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION F	OR WHICH OPERATIO	ON WAS PERFORMED		Ob. IF YES, WERE F N CERTIFYING CA YES	FINDINGS USED AUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		RY ONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PA	(RT 2)

MEDIC

21d, INJURY OCCURRED

WHILE AT WORK

211 LOCATION

CITY OR TOWN

84 that (I) (we) lost

COUNTY

STATE

22e.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on 5/24/84 19 sow the deceased alive on above, (I) (we) (did) (aid not

DEGREE

MEDICAL ATTENDING

1982

STAFF

and that in (my) (a) opinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

Calvin Kaufman

22e. ADDRESS

Rock Hall, Md. 21661

23a. BURIAL, CREMATION, REMOV	AL 231
Burial	

NOT WHILE

5/29/84

21e. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

230 NAME OF CEMETERY OR CREMATORY Hatboro Cem.

Hatboro, Pa.

STATE

DHMH - 16 50M 4/83

as the buriol-transit permit.

marked or

MPORTANT

24 FUNERAL DIRECTOR (VRA 15, 4)

Chestertown, Md

250. DATE REC'D. BY REGISTRAR 286. REGISTRAR'S SIGN TURE

OL:	194 AS 1981		YELDAM	.a vi		
	270, 86	E-00 L .	June			
		-0		2.0	6,717.5	
THE RESERVE OF THE PARTY OF THE	Phila small					
•	A posta (04)			r lov, vieno m	nois anos 1	
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	Apple To his					
		egy ² le	**			
	* * * * * * * * * * * * * * * * * * *					
	Apply to			ÅL (åt (å)		
SULPETE.	and the					
	10015-101				.a. Cal.	
Alamonia .	4 400 p M	la da , se	Trestado.		Latana July (E. J.	

requires that the death certificate be executed within 24 hours ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

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STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	iene 8	E.	REG.	N 20	3	-3	8	
LAST	2a.	DATE OF	DEATH	MONT	н	DAY	YEAR	١
Mullican	1	M	037	/.	100	1.		l

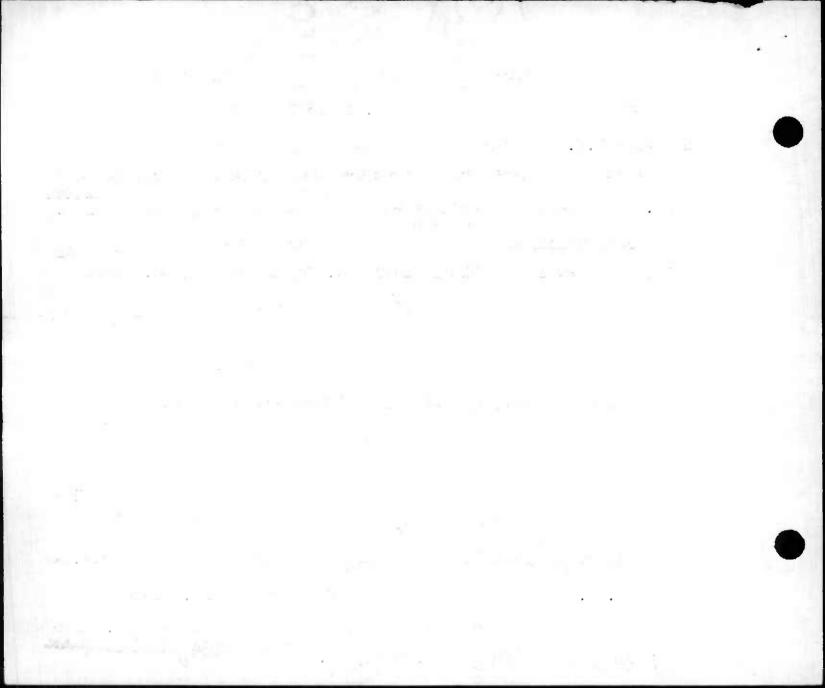
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	1 -	FOR STATE REGISTRAR		DEPARTMENT OF HE CERTIFI	CATE OF D		4 6	1 3	-}	8	5
		CEASED NAME FIRST OR PRINT) Frank	Joseph	Mulligan	ST		20. DATE OF DEATH	4, 198		YEAR	21: 20p M
-	3. SEX	Male	Nhite	5. DATE OF NOV		888	6 AGE (IN YEARS LAS	T BIRTHOAY) YRS.	MONTHS.	OAYS	IF UNDER 24 HRS. HOURS MIN.
B	C	RTHPLACE (STATE OR FOREIGN OUNTRY) OKLYN N.Y.	TE CITIZEN OF WHAT CO	OUNTRY? 8 MARRIED WIDOWE	NEVER M	ARRIED .	9 BALTIMORE CIT Kent	Y OR COUNT	Y OF DEA	ATH	MD.
7		nestertown	11. NAME OF HOSPITA DE NOT IN SUCH FACILITY, Kent & Qu	L, NURSING HOME OF GIVE STREET ADDRESS) een Anne's		-	12a USUAL OCCUP {TYPE OF WORK FOR MC Farmer {	ST OF WORKING L	IFE) INDI	ree	
7	USUA 13a. S Mc	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN Kent	TY IBC GIT	xextewn	134 INSIDE CI	ио ЖЖ		ss / zip cod k # 36			&20 x 678
	\$1:	John Mulli		LAST	1	Rose	Breena	າກ	Box	ĮAS1	
		(AS DECEASED EVER IN U.S. AR/ es, no or unknown) es	MED FORCES? 166 SOC WAR OR OATES) 218		Va.	Capel			21	678	
APPROXIMATE WITHOUT PART I. DEATH (Enter only one cause per line far (a), (b), and ic. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) gave rise to immediate											
		cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A C		NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION GI	VEN IN P	ART I (a	
1	CERTIFICATION	Cerebro	VGSCATCI-	OR WHICH OPERATION		EM- SC	200 AUTOPSY?		S, WERE	FINDIN	GS USED OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	In .	Y DNTH DAY YEAR	21c HOW INJ	IURY OCCURRI	YES NO		PART I OR P	ART ?}	NO []
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO		211 LOCATIO STREET	N	CITY O	RTOWN	COU	NIY	STATE
		220.1 certify that (1) (this haspit sow the deceased alive an abave, (1) (we) (did) (did not	573	19 <u>Sep</u> , and		our) opinian d	eath occurred an th	e date and ha		am the c	
1		226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE OF	Som		22e ADDRESS		DIRECTOR PHY	STAFF YSICIAN [5	74	SIGNED
		C. G. Bau			Cł	nester	town, Mo	1. 216	20		
	23a B	URIAL, CREMATION, REMOVAL	5/7/84	Cheste:			Chestes	ctown.	Mď	. 2	1620"

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

LChestertown, Md.



4 %	1. DE	FOR STATE Item 21ath REGISTRAR CEASED NAME FRIST OR PRINT) ARTHUR	1ru 22a 6-6-8	ARTMENT OF HEALTH AND MENTAL HY 4 CYCERTIFICATE OF DEATH LNDER	8 4 REG. NO. S	9 8 6
be port 3	3. SE	x	4. RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	5:38 AM IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
- CAS /	1	MALE RTHPLACE ISTATE OR FOREIGN	CAUC.	FEB. 22, 1985	YRS	
176	DE	TEWARE	USA	MARRIED ☐ NEVER MARRIED ♣		MD.
s after 6	ĞH	TY OR TOWN OF DEATH ESTERTOWN	NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION WITH A WINES HOSPITAL	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRAME
MARYLAND 2120) red within 24 hours and 2 should be Illi exammer musther		AL RESIDENCE (IF NURSING HOMEO TATE AND 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE AY 130 CIDER	BEFORE ADMISSION) YES NO NO	CHURCHST.	21668
MARYLAI mpletely and 2 sh		WILLIAM	JACKSON P	INDER ANNABEI	LE MIDDLE	PEARSON
BALTIMORE, cate be execut cate be execut application and capers. Pages 1 year.	16a. V	VAS DECEASED EVER IN U.S. AF YES, NO DIEMENOWN) (IF YES, GIV		SECURITY NO. 17 INFORMANT +4-9976 WILLIAM P	INDER father s	ame
that the death certification by the attending phease remove carbang of cremation, ar remover an arrent reaumatic events	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	FORT fractor	u / Respiratory for ted Jaw. MINAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH LUCIO 640. 12 days EN IN PART 1(a)
AL RECORDS, 30 The law requires tian. The permit. Then pl giene prior to buri hows any injury, or	CERTIFICATION	19a, DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO YE	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
N OF VITAL SICIAN: The ng physiciar h rial-transit p ental Hygier them 18 sho,	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTE	1-84 19 Hit in(r)	RRED (ENTER NATURE OF INJURY IN ITEM 18, P jaw with jack wi	nile working of
UVISION ottending ter this ter this is the but h and M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O Willneed, to	FFICE, FARM, ETC.) 211. LOCATION STREET CONTACT	CITY OR TOWN	coshiche state
N Se A Se		220.1 certify that (1) (this hasp sow the deceased alive an			, ta, n death accurred an the date and hau	19, that (I) (we) last r and fram the causes stated
Post A Post		22b. SIGNATURE	P S S S S S S S S S S S S S S S S S S S	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL Cetained by the TO FUNERAL Should be detain with the State EIMPORTANT: If		22d PHYSICIAN'S NAME (TYPE OF MICHAEL)	BEY M.D.	22e ADDRESS	ED. CTR. MILLI	NGTON, MD
682	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	4/27/84	234 NAME OF CEMETERY OR CREMATORY SUDLERSVILLE CEM	SUDLERSVILL	EOUNT A. ME
DHMH-16 60M 1/73 (VR A 15 (4))	24 FE	UNERAL DIRECTOR LLOWS F.H. B	OX 270 MILL	INGTON, MD 216	702 1984 Filmson	PLANTERS VANDRE

- 1 Min South Company

executed within 24 hours ofter

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dir should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hou with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	3	-)	8
REG. NO.	0	4'	-

, 1		FOR			Drn a DVA		E OF MARYLAND	TEMP			
1	1.	STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH	8 4 REG. N	1 3	3 8	1
		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
	(IYPE OR PRINT) Charles Howar		oward	ard Schuman			5-12-84 5:				
)	3. SE			4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 H
/_	-	Male		White		Sep		80	YRS	MIHS DAYS	HOURS
20		RTHPLACE (STATE OR	OREIGN		WHAT COUNTRY?	8		9. BALTIMORE CITY		F DEATH	
19	Md. U		U.S.A.	MARRIED ☐ NEVER MARRIED ☐ U.S.A. WIDOWED ☑ DIVORCED ☐			Kent				
177	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF		IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND OI	FBUSINESS
	C	hestertown					nne's Hosp.	Barber	DE MORKING [IFE]	INDUSTRE	
		AL RESIDENCE (F NURS	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134 CITY OR TOW Rock Ha	ADMISSION)	13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS Judifine	ZIP CODE	216	61
1/1	14. F/	THER'S NAME		MIDDIS	TAST		15. MOTHER'S MAIDEN NA	ME		IAST	
10		Charles		Albert	Sch	uman	Bertha	Mode	Taylor		
9		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDR			229
Bed	<u>'</u>	no	(11 163, 06	t was on Dates)	212-18-4	460	Doris Kenney	,308 Long I	sland A	Ave. B	alto.
injury, or other troumotic	NOI	gave rise ta imicause (a), statir underlying cause PART 2. OTHER SIGN	last.	(c)	R AS A CONSEQUE		ASCU & _		lcer of		
9	CERTIFICATION	198 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN NG CAUSES	
Di		218. ACCIDENT WAS UNI	CAUSE OF DE	HOUR A.	M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)	
/	MEDICAL	(IF EITHER, NOTIFY MEDI		P. 21e. PLACE		19	211 LOCATION				
	WE!		HILE		REET FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
E C		22a certify that (I)		ital) attended th	e deceased fram .			, to	19	2	hot (I) (we)
5		saw the decease	ed alive on		19	, ai	nd that in (my) (aur) apınıan		ote and hour a	ind fram the c	auses stated
T. If Hem		abave, (1) (we) (c	Did) (did no	Salar	atter death	ten	DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE S	SIGNED / 3/
A A A A A A A A A A A A A A A A A A A		226 PHYSICIAN'S N	AME (TYPE C	OR PRINT)	7		22e ADDRESS				
<u>E</u>		BURIAL, CREMATION,	REMOVAL	23b DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
		(SPECIFY)	emati	on 5_14	84 Ce	dar H	ill Crematory	Suitland	P.G.	Co. Me	d.
	24 F	UNERAL DIRECTOR	CHIEL U.L		-07 106	21	019 250 DAT	E REC'D. BY REGISTRAR			

BP

etained by the hospital TO HOSPITAL

PHYSICIAN. The low attending physician

OR ATTENDING

DHMH - 16 50M 4/83 (VRA 15, 4)

Crematory Sultraine 1. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE PROPERTY OF THE PROPERTY

Tom Helfenbein Funeral Home P.A. Chester Md.

no

48-

1

page 3

4 may be

requires that the death certificate be executed within 24 haurs after

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely titled in by should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages I and 2 should be filler with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

1	Τ-	STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	B 4 REG. N	1 3	18	8		
7		EASED NAME FIRST	MIDDLE	Ĺ	AST	20 DATE OF DEATH	MONTH DA	Y YEAR 21	h HOUR		
	(ITPE	Norris	Arlington	Wi]	.son	5-02-84 7;00					
	3. SEX	MAIE	BACK	5 DATE C	Rior 26 1806	6 AGE (IN YEARS LAST BI			HOURS MIN.		
16		OUNTRY (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CITY O	OR COUNTY C	FDEATH	MD.		
1		estertown	TI. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET The Kent & Quee:	ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST INC. CAR		126 KIND OF E	ALS		
35	U5UA 130. S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	/ ZIP CODE	#216	18		
140	14. FA	THER'S NAME	MIDDLE & WILL	Son	IS MOTHER'S MAIDEN NA	MIDDIE	V	المرازد	ORE		
the medico			MED FORCES? 166, SOCIAL SECU (E WAR OR DATES) 217-69.		MRS.MAP	y F. Wil	San (2. PC	2 # Me		
event,		PART I. DEATH WAS CAUSE	TE CAUSE (0)	Co.	sciuova.	lung		-4	ATE INTERVAL SET AND DEATH		
or ather troumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUI								
injury, o	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
Son	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY? YES NO NO		WERE FINDING NG CAUSES OF			
frem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INH	JRY IN ITEM 18 PAR	I OR PART ?)			
morked or #	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	FARM ETC)	211 LOCATION STREET	City OR To	OWN	COUNTY	STATE		
.50		sow the deceased plive on	ital) attended the deceased from	of or	d that in (my) (our) apinion	death occurred on the c	late and hour c	7	ot (I) (we) lost uses stated		
LT: If Item		226. SIGNATURE	Sun			MEDICAL STA		574	TAY		
MPORTANT: If them 21		22d. PHYSICIAN'S NAME (TYPE O	GE E A - 1 Ch	AUMA	MChess	STERT.	2 W N	md			
-		URIAL, CREMATION, REMOVAL	/ / /		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	1. 3	COUNTY	+ STATE		

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

